

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FILED DATE**

**APPPLICANT(S)**

---

**CLAIMS**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	9				
TOTAL DEP.	13				
TOTAL CLAIMS	15				